MNPH18039460 / NPH Auto Service - HQ ENTRY DATE & TIME 23/03/2018 12:56 SUBMTTED BY: Mark Ng Yong Xiang

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policyliability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	23/03/2018 12:56
Date Of Accident	22/03/2018 14:55
Exact Location Of Accident	ALONG RD 1 CTE TWDS CITY BEFORE EXIT 8B
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJH9093L
Insured/Policyholder	
Name Of Registered Owner	TAN CHEONG BENG
NRIC No	S1296158H
Email Address	TANJASON98@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96264819
Alternative Phone No	Office-90216631
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	A170-1.7 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A28896348QMX
Cover Note Number	
Driver	

Driver

Name of Driver TAN CHEONG BENG

NRIC No S1296158H
Date Of Birth 01/12/1958
Occupation INDOOR
Date Of Driving Pass 05/07/1983

Driving Experience 34 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96264819

Fax Number

Contact Number OFFICE-90216631

EMail Address TANJASON98@GMAIL.COM

Address APT BLK 611 YISHUN STREET 61 #08-213

Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own Vehicle

-

Insurance Company of Driver's Own Vehicle

_

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 6
Was any body injured in the Accident? YES
Was any injured conveyed to hospital by ambulance? YES
Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 2

Passenger 1 Name: : TAN YING YING CHERIE

Gender: : Female

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE

NO

Police Station Address ROAD: 31 YISHUN CENTRAL, POSTCODE: 768827, COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-8529999 - **FAX NO**: 68522299

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED POLICE REPORT.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SDK7808K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJJ4965T

Vehicle Make/Model/Colour Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLC369D

Vehicle Make/Model/Colour Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SHD4822C

Vehicle Make/Model/Colour Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number FU9911E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MOTORCYCLIST

Approximate Age Injuries Sustain

Injured person in which vehicle?

FU9911E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

23/3/18

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

D. F. CO.		
UEC	LARAT	ION

I/We declare the foregoing particulars are true in every respect.

-Policyholder's Signature

23/3/8 11.00m,

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





Police Station Of Origin: 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

1 of 4 Report No. T/20180322/2142

REPORT OF A TRAFFIC ACCIDENT

Yishun North N.P.C

	ne Report M 118 17:56	Made:	Vide Report No.: E/20180322/0091	Station Diary No.: 111	
Informa	nt's Partic	ulars			
	Informant: EONG BEN		Address: APT BLK 611 YISHUN STR 760611	REET 61 #08-213 SINGAPORE	
	/ ID No.: D / S12961	58H	Contact No.: Home/Office: Mobile: 96264819		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 59	Date of Birth: 01/12/1958	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Retiree			Driving Licence Information:	Date of Evning	

Type of Accident:	Non-Injury Attended by Police	Drink Date/Time of Accident: No 22/03/2018 14:		Type of Location	
Location: Along Road 1 CENTRAL EX					
Weather: Clear	THE ONE EATH OF	Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate	
				Anyone conveyed by	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
FU9911E	Motorcycle					0
SDK7808K	Car	, ,				0
SHD4822C	TAXI					0
SJH9093L	Car				Slightly Damaged	1
SJJ4965T	Car					0





2 of 4

Report No. T/20180322/2142

Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SLC369D	Car					0

A Dadaatiaa la	valuadi Ma				
Any Pedestrian In		Use of Ped	loctrion	Croco	ing: NA
No. of Pedestrian	s Injured: NIL	Use of Ped	estriari	C1055	ing. NA
Driver	LIEW CHIN YEONG		ID No.	200000000	S6928533C
Name	LIEW CHIN YEONG		ID No.		309203330
Related Vehicle	SDK7808K (Car)		Contact No.		92378320
Hospital/Clinic	NIL			of e & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discl		NIL	
	ed Medical Leave NIL	Degree of		NIL	
Driver	The state of the s	200		also de	
Name	TAN CHEONG BENG		ID No.		S1296158H
Related Vehicle	SJH9093L (Car)		Contact No.		96264819
Hospital/Clinic	NIL		Class Driving Licence Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
	ted Medical Leave NIL	Degree of		NIL	
Driver					
Name	ANGELINE HO		ID No		S9442459C
Related Vehicle	SLC369D (Car)		Contact No.		97643699
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL	
	ted Medical Leave NIL	Degree of		NIL	





Report No. T/20180322/2142

Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

CONTINUATION OF REPORT

Brief Details.

On 22/03/2018 at about 1455hrs, I was driving my vehicle bearing the registration number SJH9093L together with my daughter, Tan Ying Ting Cherie, HP: 81390222 along Central Expressway towards City. I was travelling on the extreme right lane of the expressway. I was travelling behind a white Mercedes bearing the registration number SLC369D. I had kept a distance from the vehicle in front while I was driving. Suddenly, the vehicle in front made an emergency brake. Upon seeing that, I also applied my emergency brake. I did managed to stop my vehicle in time to avoid the front vehicle, however, I felt an impact from the rear. The impact from the rear then caused my vehicle to moved forward and hit onto the vehicle in front of mine. I then alighted and realized that I am involved in a chain collision, involving a few vehicles. The vehicle in front of mine bears the registration number SLC369D. The vehicle that had hit onto my rear vehicle bears the registration number SDK7808K. Vehicle SDK7808K informed that he too managed to stop his vehicle in time to avoid a collision with mine but another vehicle behind his bearing vehicle number SJJ965T had hit his rear vehicle. A motorcycle bearing registration number FU9911E had also hit onto the rear vehicle SJJ965T. I then managed to talk to the driver that was in front of me. She informed that she had also hit onto a taxi bearing SHD4822C which was in front of her vehicle. During the accident, everyone seemed that they were not injured except for the motorcycle ridwe who was conveyed by ambulance. I wish to add that the rear bumper of my vehicle had dislodged and had scratches but there were minimal damages at the front of my vehicle neither the vehicle in front of me.





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999 4 of 4 Report No. T/20180322/2142

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to \$65474885 stating the **report number** as reference.

Signature Of Officer Recording Th F / Staff Sgt MOHAMMED ZUFARHA BOHARI	4	Signature Of Informant:	
Signature Of Interpreter: Not applicable		Date/Time: 7 22/03/2018 17:56	
Officer In Charge Of Case: TP / GIT / Staff Sgt SHAHRUL NIZAM BIN S Contact No.: 65476904	AMARRI	Classification Of Case:	
Authentication Stamp NP168	0	Signature:	





96264819 / 9021663/ tanjason98@gmail.com.







































